




IFW

CERTIFICATE OF MAILING BY "U.S. CERTIFIED MAIL" UNDER 37 C.F.R. 1.8	
CERTIFIED MAIL" Mailing Label Number: 7005 1820 0003 7947 7059	Date of Deposit: 3/10/06
I hereby certify that this paper and/or fee is being deposited with the United States Postal Service "CERTIFIED MAIL POST OFFICE TO ADDRESSEE" service under 37 C.F.R. 1.8 on the date indicated above and is addressed to the Commissioner For Patents, Alexandria, VA 22313-1450.	
Name: Jessica Bonham	
3/10/06	
Signature	Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: Fernandez, et al

Attorney Docket No. FERN-P013

Serial No.: 10/646,682

Examiner: Miller, Marina I.

Filed: 8/22/2003

Art Unit: 1631

For: Integrated Biosensor and Simulation System for Diagnosis and Therapy

Commissioner of Patents

P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL LETTER

Dear Sir:

1. **TRANSMITTED DOCUMENTS:** the following documents relating to the above-identified patent application are being transmitted herewith.

- ☒ a. An Amendment for this application: 7 pages.
- ☐ b. Substituted Drawings: _____ sheets.
- ☐ c. A Petition For Extension of Time For Response under 37 CFR 1.136(a) incorporated herein.
- ☐ d. An Information Disclosure Statement under 37 CFR 1.97(b) ☒ 1.97(c)
- ☒ e. A stamped, self-addressed, return postcard.
- ☐ f. A Check (# _____) for \$ _____ to cover required fees of this correspondence.

2. **APPLICANT FILING STATUS:**

- ☐ a. Applicant is a Large Entity.
- ☒ b. Applicant is a Small Entity.

3. **EXTENSION OF TIME:**

- ☐ a. Applicant petitions for an extension of time under 37 C.F. R. 1.136 for the total number of _____ months checked below (fees pursuant to 37 C.F.R. 1.17(a)-(d)).

<u>Extension of Time</u>	<u>Large Entity Fee</u>	<u>Small Entity Fee</u>
i. One (1) month .	<input type="checkbox"/> \$ 120.00	<input type="checkbox"/> \$ 60.00
ii. Two (2) month .	<input type="checkbox"/> \$ 450.00	<input type="checkbox"/> \$ 225.00
iii. Three (3) month .	<input type="checkbox"/> \$1,020.00	<input type="checkbox"/> \$ 510.00
iv. Four (4) month .	<input type="checkbox"/> \$ 1,590.00	<input type="checkbox"/> \$ 795.00
v. Five (5) month .	<input type="checkbox"/> \$ 2,160.00	<input type="checkbox"/> \$ 1080.00

Extension Time Fee Total: _____ .00

- ☒ b. Applicant believes that no extension of time is required. However, this conditional petition is being made in case Applicant has inadvertently overlooked the need for a petition for extension of time, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

4. FEE CALCULATION:

The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

Fee Items	Claims Remaining After Amendment	Highest Number of Claims Previously Paid	Present Extra Claims	Fee Rate	Total
a. Total Claims	10	- 20 =	0	x \$ 50.00 Large Entity x \$ 25.00 Small Entity	\$
b. Independent Claims	2	- 3 =	0	x \$200.00 Large Entity x \$100.00 Small Entity	\$
c. Multiple Dependent Claims Added By This Amendment				x 360.00 Large Entity x 180.00 Small Entity	
d. Extension of Time Fee Total, if any, from above EXTENSION OF TIME section 3a.					\$.00
e. Additional Fees Required With This Correspondence i) 1.17 (p) Fee for Information Disclosure under 1.97(c)					\$.00
e. Total Fees					\$.00

5. PAYMENT OF FEES

The full fee due in connection with this communication is provided as follows:

_____ The Commissioner is hereby authorized to charge the fees associated with this communication or credit any overpayment to **Deposit Account No: 500482**. A duplicate copy of this authorization is enclosed.

_____ A Check # _____ for \$ _____ for the above specified Total Fee is enclosed. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge the necessary additional amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

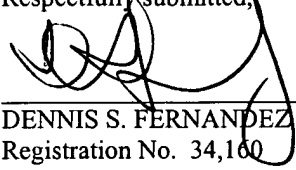
X Applicant does not believe that any payment of fee is needed in association with this communication. However, should Applicant inadvertently miscalculated the required fee, the Commissioner is hereby authorized to charge any necessary amount associated with this communication or credit any overpayment to **Deposit Account No: 500482**.

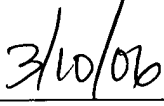
Please direct all correspondence concerning the above-identified application to the following address:

CUSTOMER NO: 22877

FERNANDEZ & ASSOCIATES, LLP
Patent Attorneys
P.O. BOX D
Menlo Park, CA 94025-6204
Phone: (650) 325-4999
Fax: (650) 325-1203

Respectfully submitted,


DENNIS S. FERNANDEZ
Registration No. 34,160


Date



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: Fernandez

Attorney Docket No.: FERN-P013

Serial No: 10/646,682

Group Art Unit: 1631

Filed: 08/22/2003

Examiner: Miller, Marina I.

5 Title: Integrated Biosensor and Simulation System for Diagnosis and Therapy

RESPONSE TO OFFICE ACTION ELECTION RESTRICTION

Commissioner for Patents

P.O. Box 1450

10 Alexandria, VA 22313-1450

Sir:

In response to the Official Action dated 02/28/2006, the examiner has stated that Claims 1-20

15 are subject to restriction or election requirement as follow:

Set I: Claims 1-10

Set 2: Claims 11-20

In response to the Official Action dated February 28, 2006, Applicants hereby elect the Claims
in Set 1, namely, Claims 1-10. This election is made without traverse.

20 Please withdraw Claims 11-20 from further prosecution.